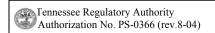
TENNESSEE REGULATORY AUTHORITY 460 JAMES ROBERTSON PARKWAY NASHVILLE, TENNESSEE 37243

TELECOMMUNICATIONS DEVICES ACCESS PROGRAM

APPLICATION CHECK LIST

SECTION 1	
APPLICANT NAME	
APPLICANT ADDRESS (PHYSICAL AND PO BOX IF APPLICABLE)	
APPLICANT TELEPHONE NUMBERS (DAY TIME AND EVENING)	
CONTACT PERSON (SHOULD APPLICANT NEED PERSON TO TAKE MESSAGES)	
APPLICANT SOCIAL SECURITY NUMBER	
BIRTHDATE	
STATISTICAL DATA REQUEST (OPTIONAL)	
PROOF OF RESIDENCY	
APPLICATION HISTORY	
PROOF OF INCOME	
Training need	
A DRI IGATION A GGIGTIAN GE DIFORMATION	
APPLICATION ASSISTANCE INFORMATION	
SECTION 2 EQUIPMENT NEED (PLEASE MARK APPROPRIATE BOXES IN THE APPROPRIATE SECTION)	
SECTION 2	

PLEASE NOTE: ONLY A COMPLETE APPLICATION WILL BE PROCESSED FOR APPROVAL, PLEASE PROVIDE ALL REQUESTED INFORMATION WITH THE APPLICATION.



TENNESSEE REGULATORY AUTHORITY 460 JAMES ROBERTSON PARKWAY NASHVILLE, TENNESSEE 37243

Telecommunications Devices Access Program

TDAP APPLICATION

(FII	RST)	, (MI)
ADDRESS (PHYSIC	CAL, FOR SHIPPING PURP	POSES)
NUMBER	STREET	
CITY	ZIP CODE	
ADDRESS (P.O. BO	X - IF AVAILIBLE)	
P.O. BOX		
CITY	ZIP CODE	
TELEPHONE NUM	IBER	
AY ()	-	
VENING ()		
AME AND TELEPHO OURSELF)	ONE NUMBER OF CONTAC	T PERSON (IF OTHER THA
	()
	Y NUMBER	

THNIC BACKGROUND	SEX
AFRICAN AMERICAN/BLACK	
CAUCASIAN/WHITE	FEMALE
HISPANIC	MALE
AMERICAN-INDIAN	
ASIAN/ PACIFIC ISLANDER	
OTHER	_
PROOF OF RESIDENCY	
O BE ELIGIBLE FOR THIS PROGRAM YOU	MUST BE A RESIDENT OF THE
TATE OF TENNESSEE. PLEASE ATTACH A	
OLLOWING ITEMS (THE ADDRESS ON THE	
URRENT STREET ADDRESS):	
- STATE OF TENNESSEE DRIVERS LICE	ENSE
- STATE OF TENNESSEE PHOTO ID	
- SHOULD YOU LIVE IN AN ASSISTED I	LIVING FACILITY A LETTER FROM
THE STAFF ON OFFICIAL FACILITY L	
- OTHER OFFICIAL FEDERAL OR STAT	E MAILING
HAVE YOU SUBMITTED APPLICATION YES NO IF YES, YEAR OF A	
YESNO IF YES, YEAR OF A	PPLICATION
YESNO IF YES, YEAR OF A	ST COME FIRST SERVE BASIS; PRIORITY
YESNO IF YES, YEAR OF A D. PROOF OF INCOME EQUIPMENT WILL BE DISTRIBUTED ON A FIR	ST COME FIRST SERVE BASIS; PRIORITY NCIAL AND/OR SOCIAL NEED. THESE
YESNO IF YES, YEAR OF A D. PROOF OF INCOME EQUIPMENT WILL BE DISTRIBUTED ON A FIR AY BE GIVEN TO THOSE WITH THE GREATEST FINA	ST COME FIRST SERVE BASIS; PRIORITY NCIAL AND/OR SOCIAL NEED. THESE
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11. WILL YOU NEED TRAINING ON YOUR REQUESTED DEVICE? YES	NO
12. IF ASSISTANCE HAS BEEN PROVIDED WITH THIS APPLICATE PLEASE COMPLETE THE FOLLOWING:	ΓΙΟΝ
NAME OF PREPARER	
TELEPHONE: ()	
ADDRESS:	_
	_
RELATIONSHIP TO APPLICANT:	

SECTION 2

PLEASE CHECK THE BOXES THAT COORESPOND WITH YOUR NEED OF ASSISTIVE EQUIPMENT.

□ A TTY □ A TTY WITH A LARGE VISUAL DISPLAY	
LIATII WIIII A LANGE VISUAL DISELAT	
□ A BRAILLE TTY	
□ A VCO PHONE	
□ AN AMPLIFIED PHONE	
I HAVE A SPEECH DISABILITY AND NEED:	
□ A TTY	
□ A VOICE AMPLIFYING PHONE	
□ A SPEECH GENERATING DEVICE. PLEASE SPECIFY-	
I HAVE A MOBILITY DISABILITY AND NEED:	
□ A HANDS FREE PHONE	
□ A HEAD SET	
□ A PHONE WITH MEMORY DIAL	
□ RECEIVER ADAPTER, TO AID IN HOLDING OR GRIP OF THE RECEIVER	
□ A PHONE WITH LARGE BUTTONS	
\square A HANDS FREE PHONE WITH SPEECH RECOGNITION	
□ A SPEAKER PHONE	
I AM BLIND OR HAVE LOW VISION AND NEED:	
□ TACTILE MARKINGS ON THE PHONE	
□ Braille on the phone	
□ A PHONE WITH MEMORY DIAL	
□ A PHONE WITH LARGE BUTTONS	
□ A PHONE WITH LARGE DISPLAY	
□ A VOICE ACTIVATED PHONE	
I HAVE A COGNITIVE IMPAIRMENT AND NEED:	
□ A PICTURE PHONE	
□ A PHONE WITH MEMORY DIAL	
□ A PHONE WITH LARGE BUTTONS	
□ A PHONE WITH LARGE DISPLAY	
MY NEEDS WERE NOT EXPRESSED ABOVE. I AM IN NEED OF THE FOLLOWIN	NG
(PLEASE LIST):	

PLEASE NOTE THAT FINAL DETERMINATION OF DEVICE DISTRIBUTION WILL BE MADE BY THE TDAP.

SECTION 3

PROFESSIONAL CERTIFICATION

(This Section is to be completed by the licensed care given of the Applicant)

NAME OF APPLICANT	BEING CERTIFIED	
LAST	FIRST	MI
CONDITION OF THE PATIEN	NT THAT JUSTIFIES APPLIC	CABILITY FOR THE TDAP:
(I.E. DEAF	, HARD OF HEARING, BLI	IND)
I CERTIFY THAT I AM A	LICENSED PHYSICIAN,	OTHER (EXPLAIN)
I CERTIFY THAT THE ABOV THAT SEVERELY RESTRICT		
	(EQUIPMENT TYPE	2)
Name		
TELEPHONE NUMBER: ()	
Address		
Signature		TN LIC. NO.

SECTION 4

TERMS AND CONDITIONS OF TDAP

APPLICANTS MUST BE A RESIDENT OF TENNESSEE.

APPLICANTS MUST NOT CURRENTLY HAVE AN APPROPRIATE ASSISTIVE COMMUNICATION DEVICE.

APPLICANTS MUST BE UNABLE TO USE REGULAR TELEPHONE SERVICE WITHOUT BENEFIT OF AN ASSISTIVE COMMUNICATION DEVICE.

APPLICANTS MUST HAVE A TELEPHONE LINE IN HOME.

APPLICANTS WILL BE RESPONSIBLE FOR ALL TELEPHONE BILLS, AND OTHER RELATED INCURRED CHARGES.

APPLICANTS WILL BE RESPONSIBLE FOR REPAIR AND MAINTENANCE OF THE DEVICES. THE APPLICANT MAY CONTACT THE TDAP IN THE EVENT THAT ASSISTANCE IS REQUIRED OR TO RECEIVE A TEMPORARY REPLACEMENT DEVICE.

APPLICANTS WHO MOVE RESIDENCE FROM TENNESSEE, LOSE TELEPHONE SERVICE PERMANENTLY, ABUSE THE DEVICE OR USE IT FOR ILLEGAL PURPOSES, OR NO LONGER NEED THE DEVICE; THE DEVICE(S) SHALL BE RETURNED TO THE TENNESSEE REGULATORY AUTHORITY, TDAP.

APPLICANTS WHOSE NEEDS MAY CHANGE MAY CONTACT THE TDAP COORDINATOR TO QUALIFY FOR AN EXCHANGE OF THE DEVICE(S) FOR APPROPRIATE DEVICES UPON PROPER CERTIFICATION.

ALL INFORMATION ON THIS APPLICATION IS TRUE AND I AGREE TO NOTIFY THE TDAP COORDINATOR OF ANY CHANGES

SIGNATURE	DATE	
D. (G.)		
PARENT/GUARDIAN		
SIGNATURE	Date	
(PARENT/GUARDIAN SIGNATURE IS REQUI	RED IF THE APPLICANT IS A MINOR)	

PLEASE MAIL THE COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:
TENNESSEE REGULATORY AUTHORITY
TDAP

460 James Robertson Parkway Nashville, Tennessee 37243 or fax to (615) 741-8953